



Community Grant APPLICATION

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Community Grant Application Parameters

FREQUENTLY ASKED QUESTIONS

Q: What is the review time table?

A: Stillwater County Community Grant applications will be reviewed within 30 days to make sure they are complete and provide a clear picture of the project.

Q: Is the Stillwater County Community Grant open for a certain window?

A: This is a rolling grant with no open or end date, allowing for one application per community per year.

Q: Who reviews the grant applications?

A: The grants will be reviewed by the Stillwater County Economic Development Committee.

Q: How is the grant money determined per community?

A: Applications will be reviewed on a first come first serve basis annually with new applications and organizations encouraged. Award funding not obligatory; project funding is determined on a case-by-case basis.

Q: What happens if grant funding has left over money or if all the grant money is expended?

A: One application per community per year with a goal to try to fund new entities or projects every year and hope that this incentivizes organizations to get projects ready.



Community Grant Application Coversheet

ENSURE YOU SUBMIT A COMPLETE APPLICATION

A complete application should include the following items in the order indicated:

- A. Cover Letter
- B. Common Grant Application Format Cover Sheet (Page 2)
- C. Attachments (Budget, Letters of Support, 501c3, Other)

Further explanation of each item is provided below and on the following pages.

A. WRITE A COVER LETTER.

Write a one-page cover letter that includes the following:

- ☐ Name of applicant.
- ☐ Purpose of the application.
- ☐ Reason for the funder to consider the program.
- ☐ Amount requested.
- ☐ Time period of the program or project.
- ☐ Name of the contact person and contact information.

The letter should be signed by the board president, chairperson, or the executive director. If the proposal is a collaborative request, signatures of the participating organizations' representatives must be provided.

- ☐ Brief description of the project.
- ☐ Outcomes you plan to achieve.
- ☐ Who the project serves and why it is important.
- ☐ Why your organization should receive the funds to implement the project and how the funds will be spent.

ORGANIZATIONAL INFORMATION.

Provide background on your organization. If you are an affiliate of another organization, please describe.

B. COMPLETE THE COMMON GRANT APPLICATION FORMAT COVER SHEET (PAGE 2).



Community Grant Application Outline

2. Purpose of Grant.

If you are completing a proposal for a project or program or for operating funds, follow “a” instructions below. If you are completing a proposal for a capital campaign, follow “b” instructions below.

A) Project, Program, and Operating Funds Requests.

- ☐ **Problem and Need.** Identify the problem to be addressed and the needs to be met by the project. What unique service(s) would the community be deprived of if you do not undertake this project? Provide supporting data.
- ☐ **Program/Project Goal.** Describe the goals and overall impact of the project or program.
- ☐ **Program/Project Design.** Describe your program objectives, activities, strategies, staffing, partners, timelines and explain how the design will enable you to address the problem or need. Identify the project as a new or continuing program.
- ☐ **Sustainability.** Specify your plans for maintaining the project at the termination of the grant. List other financing sources or strategies that you are developing.

B) Capital Campaign Requests.

- ☐ **Describe the proposed campaign,** including goals and objectives.
- ☐ **Purpose and Outcomes.** Describe the goals and desired outcomes of the campaign.
- ☐ **Need.** Identify the need/problem to be addressed, target population and number of people to be served.
- ☐ **Status and Timetable.** Define the campaign as new or continuing and provide information on its status. Include a timetable for implementation and completion.
- ☐ **Partners.** If appropriate, identify any other participating organizations in the campaign and their roles.
- ☐ **Leadership.** List the campaign leadership and their affiliations.
- ☐ **Regulations.** Identify regulatory approvals, if required.

- ☐ **Sustainability.** Specify your plans for continuing your progress at the termination of the grant, particularly if operating expenses are projected to increase at completion of the capital project. List other financing sources or strategies you are developing.

3. Evaluation.

- ☐ Interim and final evaluation and expenditure reports will be required for every grant awarded.

C. ATTACHMENTS.

Include the following attachments in the order indicated:

- 1. Verification of 501(c)(3) tax-exempt status and public charities status.**
 - ☐ Copies of the advance or definitive IRS determination letters indicating 501(c)(3) tax-exempt status and public charities status.
- 2. Organizational structure.**
 - ☐ List of key staff members.
- 3. Financial information.**
 - ☐ Program/Project Budget or Capital Campaign Budget Grant Request (Project) Budget.
- 4. For capital campaign requests only, also include:**
 - ☐ **Fundraising Strategy.** Describe your fundraising strategy by donor categories. List other foundation and corporate funders and the amounts committed or requested. Include all public funds and individual contributions supporting the project. Board Participation. Specify the amount to be raised from your board
- 5. Letters of support.**
 - ☐ If you are collaborating with other organizations or have a need that you want to substantiate, you should include letters of support.



Community Grant Application

Date of Application: _____

Legal Name of Organization: _____

(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Contact Person/Title: _____ Email: _____

Address (principal/administrative office): _____

City: _____ State: _____ Zip: _____

Mailing Address, if different from above: _____

Phone: _____ Fax: _____

Website: _____

Project Name: _____

Purpose: _____

Capital Campaign Requests _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Project Goals: _____

Beginning and Ending Dates of the Project/Campaign: _____

Geographic Area to be Served: _____

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

1. The tax-exempt status of this Organization is still in effect.

Signatures:

President, Board of Directors

Date

Executive Director

Date



Community Grant Application Budget Format

Your total budget should be broken down and contains the required information. You may submit it in a format convenient for you. A sample format with suggested revenue and expense categories follows on the next page.

If the requested amount is different from the total cost of the project or campaign, itemize all confirmed and anticipated sources of revenue, and provide a revenue total. Refer to the following example for possible revenue categories.

C. EXPENSES

Itemize your expenses and provide an expense total. Include any additional items relevant to your particular program, project or campaign.

D. NARRATIVE

This section should include:

- ☐ A list of assumptions on which the budget was based.
- ☐ An explanation of any unusual budget items.
- ☐ In-kind expenses and donations or matching funds should also be described.
- ☐ If your organization has affiliates and/or subsidiaries, please explain.

See next page for sample project budget format and categories.





Community Grant Application Budget Format

E. SAMPLE PROJECT BUDGET FORMAT AND CATEGORIES

REVENUE	Committed Funds	Pending Funds
1. Grants/Contracts/Contributions		
Local Government		
State Government		
Foundations (itemize on separate lines)		
Corporations (itemize on separate lines)		
Individuals		
TOTAL REVENUE		
EXPENSE	Amount Requested In This Proposal	Total Project Expenses
Personnel		
Consultants and Professional Fees		
Operations		
Rent		
Utilities		
Telecommunications		
Postage/Messenger		
Printing and copying		
Equipment		
Supplies		
Other		
TOTAL EXPENSE		
*(Example) <u>Full-Time Personnel</u> Executive Director\$ _____ Staff Position #1\$ _____ Staff Position #2\$ _____ Staff Position #3\$ _____	<u>Part-Time Personnel</u> Staff Position #4\$ _____ Staff Position #5\$ _____ Staff Position #6\$ _____	
SURPLUS (DEFICIT)		
TOTAL REVENUE		
(TOTAL EXPENSE)		
TOTAL SURPLUS (DEFICIT)		